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APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/596,109		P30	027	2149				
TITLE OF INVENTION: I	PLAYBACK APPARA	ATUS FOR PERFORMIN	NG APPLICATION-SY	NCHRONIZED PLA	AYBACK			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	JE PREV. PAID ISSU	E FEE TOTA	AL FEE(S) DUE	DATE DUE	
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EXAMIN	IER .	ART UNIT	CLASS-SUBCLASS					
CHIO, TAT CHI		2621	386-095000	_				
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"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME ANI	D RESIDENCE DATA	TO BE PRINTED ON T	THE PATENT (print or	type)			***************************************	
PLEASE NOTE: Unles recordation as set forth i	s an assignee is identi n 37 CFR 3.11. Comp	fied below, no assignee detion of this form is NO	data will appear on th T a substitute for filing	e patent. If an assigr an assignment.	nee is identified	below, the do	ocument has been filed for	
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has bee recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
PANASONIC CO	DRPORATION		OSAKA					
Please check the appropriat	e assignee category or	categories (will not be pr	inted on the patent):	☐ Individual ☐ C	orporation or ot	her private gro	oup entity Government	
4a. The following fee(s) are	submitted:	46	o. Payment of Fee(s): (I	lease first reapply a	ny previously p	oaid issue fee s	shown above)	
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a. Applicant claims S			b. Applicant is no					
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Authorized Signature	Sand	Dar	niel B. Moon	Date	1281	09		
Typed or printed name _	Bruce H. Bernste	ein Re(g. No. 48,214	Registration N	To. <u>29,027</u>			
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1950 ROLAND RESTON, VA 2 APPLICATION NO. 10/596,109	M & BERNSTEIN CLARKE PLACE 0191 FILING DATE 08/23/2006		papers. Each additional paper, such as an assignment or formal drawing, have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the U States Postal Service with sufficient postage for first class mail in an enveaddressed to the Mail Stop ISSUE FEE address above, or being facs transmitted to the USPTO (571) 273-2885, on the date indicated below. (Depositor's in (Signal Control of Confirmation in Con				
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"Fee Address" ind PTO/SB/47; Rev 03-0 Number is required. 3. ASSIGNEE NAME A PLEASE NOTE: Unit recordation as set forti (A) NAME OF ASSIGNATION OF ASSIGNAT	ondence address (or Cha 3/122) attached. ication (or "Fee Address 12 or more recent) attach ND RESIDENCE DATA dess an assignee is ident h in 37 CFR 3.11. Comp GNEE CORPORATION	Indication form led. Use of a Customer A TO BE PRINTED ON iffed below, no assignee oletion of this form is NO	2. For printing on the p (1) the names of up to or agents OR, alternative (2) the name of a single registered attorney or a 2 registered patent attored listed, no name will be the PATENT (print or type data will appear on the part of the patent of the pa	3 registered patent attovely, e firm (having as a merigent) and the names of meys or agents. If no na printed. be) atent. If an assignee is assignment. and STATE OR COUN	nber a 2		
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